



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as Express mail in an envelope addressed to Box Amendment Commissioner for Patents, Washington, DC 20231.

Date Dec. 27, 2002 Joanne Bourguignon

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ted Eugene Wright  
Application No. : 09/499,069  
Filed : February 4, 2000  
For : SINGLE-SHEET REGISTRATION FORM AND KEY PACKET

Examiner : Monica S. Carter  
Art Unit : 3722  
Docket No. : 35008.0001  
Date : November 27, 2002

BOX NON-FEE AMENDMENT  
Commissioner for Patents  
Washington, DC 20231

TECHNOLOGY CENTER R3700

DEC - 6 2002

RECEIVED

STATEMENT OF FACTS ESTABLISHING DILIGENCE RE 37 C.F.R. § 1.131

Sir:

I hereby provide correspondence, purchase orders, sample forms, and other material, which establish reduction to practice and continued diligence in the refinement and commercialization of an embodiment of the invention claimed in claims 1-7 and 11-15 of the above-identified patent application from a time period prior to the date of the cited reference (December 11, 1998) to the filing of the provisional patent application on May 20, 1999, which the above-identified patent application claims the benefit of. This material provides dates consistent with my previously submitted 37 CFR 1.132 declaration in which I disclosed a timeline of events leading to initial prototyping and commercialization of the invention in the summer of 1998.

**EXHIBIT 1** – Express Mail Receipt for samples and mock-ups of Reg/Key Packet, dated April 23, 1998;

**EXHIBIT 2** – Letter to Dan Lombardi of Hilton Suites Phoenix, forwarding proofs of the electronic form template to be used in conjunction with the Reg/Key Packet paper, dated July 14, 1998;

**EXHIBIT 3** – Express Mail Receipt for above proofs dated July 14, 1998;

**EXHIBIT 4** – Purchase order from Electronic Forms Plus to Manufacturer, Poser West Business Forms, dated July 14, 1998, requesting Reg/Key Packet Stock 32-14 to be produced and shipped to Hilton Suites Phoenix;

**EXHIBIT 5** – Invoice from Poser West for Reg/Key Packet Stock 32-14 providing shipping details of paper to Hilton Phoenix Suites dated July 15, 1998;

**EXHIBIT 6** – Signed proof approval from Dan Lombardi, Hilton Phoenix Suites, to Ted E. Wright, asking for chips and confirming Reg/Key Packet paper was received, dated July 20, 1998;

**EXHIBIT 7** – HP LaserJet 4 test pages from programming of flash memory with electronic form templates to be used in conjunction with Reg/Key Packet 32-14 paper; and

**EXHIBIT 8** – Electronic Forms Plus invoice dated July 20, 1998 providing charges to Hilton Phoenix Suites for alteration of logo and receipt of Reg/Key Packet Stock 32-14, 25,600 sheets.

These references confirm Applicant's continual and ongoing diligence to the completion of the above-identified patent application and subsequent filing.

Inventor:

Ted Eugene Wright

Ted Eugene Wright

11-27-02  
Date


**POST OFFICE TO ADDRESSEE** E1922702566US

**ORIGIN (POSTAL USE ONLY)**

PO ZIP Code 2003	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. 12 Day 23 Year 2003	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 15
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Int'l Alpha Country Code	
Weight 10 lbs 0 oz	Acceptance Clerk Initials AS	Total Postage & Fees \$ 15
to Delivery <input type="checkbox"/> Weekend <input checked="" type="checkbox"/> Holiday		

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS

RBL KEY CD  
SAMPLES  
19

Customer Copy

**CUSTOMER USE ONLY**

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

 Federal Agency Acct. No. or  
Postal Service Acct. No.

☐ INTERNATIONAL

NO DELIV

FROM: (PLEASE PRINT)

PHONE (760) 749-9623

Ted Wright  
ELECTRONIC FORMS PLUS  
8925 Circle B View  
Escondido, CA 92026

TO: (PLEASE PRINT)

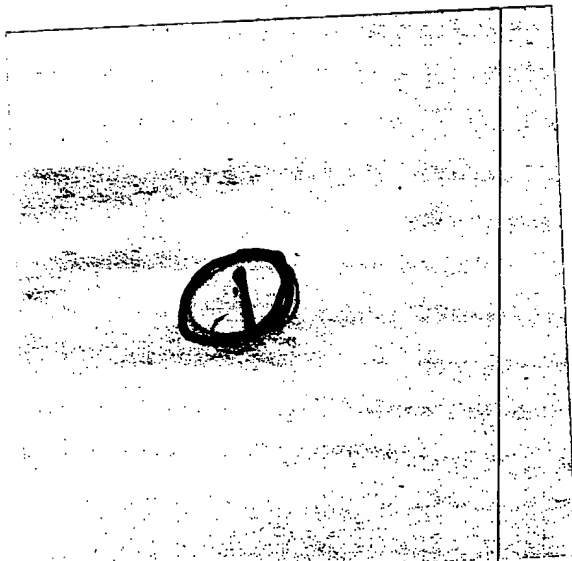
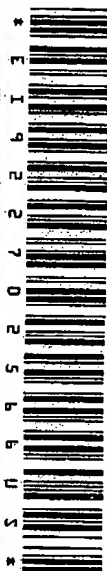
PHONE (602) 212-5305

Dan Lombardi  
PHOENIX HILTON SUITES  
10 East Thomas Road  
Phoenix, AZ 85012

FOR PICKUP OR TRACKING CALL 1-800-222-1811



Label 11-B October 1995



**Electronic Forms Plus**

8925 Circle R View  
Escondido, CA 92026  
(760) 749-9623

July 14, 1998

Dan Lombardi  
**Phoenix Hilton Suites**  
10 East Thomas Road  
Phoenix, Arizona 85012

Dear Dan,

Enclosed please find your *Electronic Form* proofs. Please check them carefully and mark any changes directly on the proofs. Mark "OK" or "OK WITH ALTS", initial or sign each proof and fax same back to me at (760) 749-9180. If you have any questions, please call me.

When I receive the approved proofs back from you I will create an "ALL" file and express mail it to you and Hilton Information Services. They will integrate the Electronic Forms with your HPMS 2 software.

The Registration/Key Card paper will ship to you Thursday and you will probably receive same within five days.

Please call Christine Sparks at (702) 669-4118 to schedule same.

Sincerely,

Ted Wright

②



# POST OFFICE TO ADDRESSEE

## 432367738US

### ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope
Date In Mo. Day Year	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 1 PM	Postage \$ 10.75
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 10.75

*PROOF*

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS**

### CUSTOMER USE ONLY

#### METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

PAID BY CUSTOMER	PAID BY ADDRESSEE
NO DELIVERY	

FROM: (PLEASE PRINT)

PHONE (760) 749-9623

**Ted Wright**  
**ELECTRONIC FORMS PLUS**  
**8925 Circle K View**  
**Escondido, CA 92026**

TO: (PLEASE PRINT)

PHONE (602) 222-1111

**Dan Lombardi**  
**PHOENIX HILTON SUITES**  
**10 East Thomas Road**  
**Phoenix, AZ 85012**

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



Label 11-B July 1997

Customer Copy



③

**PURCHASE ORDER**

**WRIGHT BUSINESS PRINTING**  
 8925 CIRCLE R VIEW  
 ESCONDIDO, CA 92026  
 (760) 749-9623  
 FAX (760) 749-9180

**FOR: POSER WEST**  
 2625-A TEMPLE HEIGHTS DRIVE  
 OCEANSIDE, CA 92056

**ATTN: MARGO**

VENDOR INSTRUCTIONS			
Ordered by:	TED WRIGHT	Purchase order number:	98111
Order date:	7/14/98	Ship via:	UPS
Date required:	7/15/98 NO FAIL	Partial shipment allowed:	NO
Payment terms:	2% 10 DAYS, NET 30	Backorders allowed:	NO

SHIP TO			
Name:	DAN LOMBARDI		
Company	HILTON SUITES PHOENIX		
Address:	10 EAST THOMAS ROAD		
City:	PHOENIX	Province/state:	AZ
Country:	USA	Postal code:	85012

ITEM NO.	QTY.	ITEM DESCRIPTION	PRICE EACH	TOTAL
1	25600	PULL FROM POSER WAREHOUSE JOB OF000545  REGISTRATION/KEY PACKETS STOCK FORM #32-14  (16 CARTONS OF 1600 EACH)  LABEL & SHIP FROM:  ELECTRONIC FORMS PLUS 8925 CIRCLE R VIEW ESCONDIDO, CA 92026	0.0001955	5.00

Tax rate: RESALE

Sub total:

Tax:

Shipping & handling: ADD

Other costs:

Total amount:

Include P.O. Number on all invoices and correspondence.  
 Please notify us immediately if this order cannot be filled on time.

INTERNAL USE ONLY	
Ordered by:	Department:
Approved by:	Date of approval:
Date received:	
In good order:	If not, resolved:
Comments:	

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# Invoice

# POSER

## Business Forms

## TERMS:

%-10 DAYS NET-30 DAYS  
0 DISC ALLOWED ON FREIGHT

## PLEASE REMIT TO:

DEPT. NO. 12202  
LOS ANGELES, CA 90088

DISTR CODE	SOLD TO:	SHIPPED TO:	INVOICE NUMBER
WB94	WRIGHT BUSINESS PRINTING	POSER WAREHOUSE	0F000545 000
OUR ORDER NO.	8925 CIRCLE R VIEW		
100	ESCONDIDO CA 92026		
DATE ENTERED			REFER TO THIS NUMBER ON ALL CORRESPONDENCE
6/24/98			
DATE SHIPPED	CONTACT	SHIPPED VIA	INVOICE DATE
6/30/98	TED	WHS	7/15/98
ORDERED	SHIPPED	DESCRIPTION	UNIT PRICE
			EXTENSION

8.000	08.500 X 14.000 01 PART	20.84	
	NAME: REGISTRATION/KEY PACKETS		
	ID: STOCK PM #32-14		
	S/H C/F		67.38
	RELEASED 25600		5.00
	Please pay this amount		62.38

# POSER

## Business Forms

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THANK YOU FOR YOUR CUT SHEETS ORDER  
PRODUCED IN OUR OCEANSIDE DIVISION  
2625 TEMPLE HEIGHTS DRIVE  
OCEANSIDE CA 92056

(760)758-7700



10 EAST THOMAS ROAD  
PHOENIX, ARIZONA 85012  
PHONE: (602) 222-1111 • FAX: (602) 265-1841  
HILTON RESERVATIONS: 1-800-HILTONS

**FAX TRANSMISSION COVER SHEET**

DATE:	7/26/98
TO:	Ted Wright
COMPANY:	Electronic Forms Plus
FAX NUMBER:	760 749-9180
FROM:	DAN
TOTAL # OF PAGES:	4
REMARKS:	Hi Ted, I got all the paper! The sooner I can get my printers programmed the better! I ran out of perf paper.

**"DINE-AROUND PACKAGE"**

- A luxurious two-room suite
- Two-Hour Beverage Reception in the Atrium Lounge
- Your progressive Dine-Around Adventure:
  - Begins with your choice of Appetizers
  - Then continues with choice of Entrees
  - And finishes with dessert and coffee when you return to your suite
- Complimentary passes to the Phoenix Art Museum and Clubs at the Arizona Center
- Start the next morning with a complimentary prepared-to-order breakfast
- Complimentary passes to the Phoenix Plaza Fitness Center

**"ARIZONA DIAMONDBACKS PACKAGE"**

- Overnight accommodations in spacious two room suite
- Complimentary full prepared-to-order breakfast
- Complimentary two-hour cocktail reception
- Complimentary use of the Phoenix Plaza Fitness Center
- Complimentary round trip transfer to the Bank One Ballpark
- Complimentary hotel garage parking

Contact the Phoenix Hilton Suites Reservations Department at (602) 212-5353 for more details!

Thanks!  
DAN

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Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekend delivery of USA TODAY. If refused, a credit of \$0.50 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

GUEST SIGNATURE

OK  
7/25/86

Guests checking out prior to a confirmed departure date will result in a \$50.00 administration fee. GUEST INITIALS

Name \_\_\_\_\_

Room No. \_\_\_\_\_

### ELECTRONIC LOCK INSTRUCTIONS To Enter Your Room

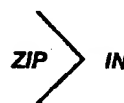
Insert PassKey. Then remove it. Open door.  
Door stays locked when closed.

For your safety and security, your room number has been written on this booklet but not on your guest room key. We encourage you to keep your key card separate from this booklet in the event the booklet is lost or misplaced.

If your room key card is lost, stolen or misplaced, immediately return to the Front Desk and a new room key card will be made for you upon presentation of suitable identification. Once you have inserted your new room key card into your guest room lock, your old room key card will be invalidated.

For information or reservations worldwide  
Call: 1-800-HILTONS

## Welcome to



30 Second Check - In

For your convenience, the details needed to check you out were taken care of when you checked in. On the morning of your departure, an itemized statement including all charges incurred through late the previous evening will be delivered under your door by 6 a.m. If the statement meets with your approval, just drop off your key and you're on your way. Guests checking out prior to a confirmed departure date will result in a \$50.00 administration fee.

Check - Out

ZIP OUT

Avoid waiting in line to checkout with



11/25/2002 11:55 FAX 9095879744  
07/20/98 MON 10:52 FAX 60228 1

EFPLUS  
PHX HILTON SUITE

010  
004



## Hilton Suites

### Phoenix

**PLEASE REMIT TO:**  
Phoenix Hilton Suites  
75 Remittance Dr. - Ste 1210  
Chicago, IL 60675-1210

ACCOUNT NO

PAGE NO

STATEMENT DATE

**PAYMENT DUE  
UPON RECEIPT**

DETACH AND RETURN UPPER PORTION WITH PAYMENT

[illegible]

PAST DUE ACCOUNTS SUBJECT TO SERVICE CHARGE OF 1.5% PER MONTH

**Phoenix Hilton Suites**  
**Phone (602) 222-1111**

10 East Thomas Road  
Phoenix, Arizona 85012

11/25/2002 11:56 FAX 9095879744  
07/20/98 MON 10:52 FAX 80228

EFPLUS  
PHX HILTON SUITE

011  
003



# Hilton Suites

Phoenix

10 East Thomas Road • Phoenix, Arizona 85012  
(602) 222-1111 • Fax (602) 265-4841 • (800) HILTONS

NAME:

IN

OUT

FOLIO

ADDRESS:

RATE

ROOM

1  
A  
G  
E  
E  
N  
C  
Y

DATE	DESCRIPTION	IN	REF. NO.	CHARGES	CREDITS	BALANCE
	<div>ok 7/20/98</div>					

GUEST

FIRM

ADDRESS

CITY

STATE

ZIP

RATES DO NOT INCLUDE APPLICABLE  
SALES, OCCUPANCY OR OTHER TAXES

TRANSFER TO CREDIT LEDGER

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO  
BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON,  
COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL  
AMOUNT OF THESE CHARGES.

GUEST SIGNATURE



# LaserJet 4 Printer

## Flash SIMM Status Page

Flash SIMM firmware: v2.09 - 19950920  
Flash Memory size: 1 Mbyte  
Flash Password: Disabled  
Free RAM memory: 9841480  
Free Flash memory: 575460

Flash memory used by Fonts: 1008  
Flash memory used by Macros: 183340  
Flash memory used by Symbol Sets: 0  
Total Flash memory used: 184348  
Flash memory configuration: 1

### Flash SIMM Macros, Bitmap Fonts, Scalable Fonts and Symbol Sets

☒ Symbol set ☒ Pitch ☒ Point size Macro ID's 31100-31499 are reserved by FlashSIMM.

Type	ID	Size	Password	Esc Sequence / Comment	Description	Time	File
BitFont	32633	1008	No	<esc>(0A<esc>(s1p12.00v0s0b0T			
Macro	21	37092	No				
Macro	31	46124	No				
Macro	41	100064	No				



## FOLIO

ROOM

**TARGETED TRAVEL**

**ZIP**

**GUEST SIGNATURE**

**PLEASE REMIT TO:**  
Phoenix Hilton Suites  
75 Remittance Dr. - Ste 1210  
Chicago, IL 60675-1210


ACCOUNT NO

PAGE NO.

STATEMENT DATE

**PAYMENT DUE  
UPON RECEIPT**

**DETACH AND RETURN UPPER PORTION WITH PAYMENT**

RECEIPT ON DELIVERY PORTION WITH PAYMENT				
DATE	REFERENCE	DESCRIPTION	AMOUNT	
OVER 90 DAYS	OVER 60 DAYS	OVER 30 DAYS	CURRENT	PLEASE PAY THIS AMOUNT 

PAST DUE ACCOUNTS SUBJECT TO SERVICE CHARGE OF 1.5% PER MONTH

**Phoenix Hilton Suites**  
Phone (602) 222-1111

10 East Thomas Road  
Phoenix, Arizona 85012

Macro ID:41



Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.50 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

GUEST SIGNATURE

Guests checking out prior to a confirmed departure date will result in a \$50.00 administration fee.

GUEST INITIALS

Name \_\_\_\_\_

Room No. \_\_\_\_\_

### ELECTRONIC LOCK INSTRUCTIONS To Enter Your Room

Insert PassKey. Then remove it. Open door.  
Door stays locked when closed.

For your safety and security, your room number has been written on this booklet but not on your guest room key. We encourage you to keep your key card separate from this booklet in the event the booklet is lost or misplaced.

If your room key card is lost, stolen or misplaced, immediately return to the Front Desk and a new room key card will be made for you upon presentation of suitable identification. Once you have inserted your new room key card into your guest room lock, your old room key card will be invalidated.

For information or reservations worldwide  
Call: 1-800-HILTONS

Welcome  
to



ZIP > IN

30 Second Check - In

## INVOICE

**ELECTRONIC FORMS PLUS**  
8925 CIRCLE R VIEW  
ESCONDIDO, CA 92026  
(760) 749-9623  
FAX (760) 749-9180

**SHIP TO:** DAN LOMBARDI  
HILTON SUITES/PHOENIX  
10 EAST THOMAS ROAD  
PHOENIX, AZ 85012

**BILL TO:** HILTON SUITES/PHOENIX  
10 EAST THOMAS ROAD  
PHOENIX, AZ 85012  
ATTN: ACCOUNTS PAYABLE

Salesperson:	TED WRIGHT	Date of order:	7/8/98
Payment terms:	NET 30	Date order shipped:	7/20/98
Method of shipment:	EXP. MAIL/CONSOLIDATED	FOB point:	ESCONDIDO
Invoice number:	98114	Invoice date:	7/20/98
Order number:	DAN LOMBARDI		

ITEM NO.	QTY.	DESCRIPTION	PRICE EACH	AMOUNT
1	3	FORMS ALTERED-NEW LOGO	50.00	150.00
2	25600	REG/KEY PACKET STOCK FORM 32-14 (16 CASES OF 1600 EACH)	0.03	768.00

Sub total:	918.00
Tax rate: NONE	Tax:
Shipping & handling:	72.00
Previous amount owing:	
Credit:	
You pay this amount:	990.00

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OLYMPIC PATENT WORKS ~~LLC~~101 YESLER WAY, SUITE 505  
SEATTLE, WA 98104MAILING ADDRESS:  
P.O. BOX 4277  
SEATTLE, WA 98104206.621.1933 (MAIN)  
206.621.5302 (FAX)

3722

Docket No.: 35008.001  
Date: November 27, 2002

In re application of **Ted Eugene Wright**  
Application No.: **09/499,069**  
Filed: **February 4, 2000**  
For: **SINGLE-SHEET REGISTRATION FORM AND KEY PACKET**

COMMISSIONER FOR PATENTS  
WASHINGTON DC 20231

Sir:

Transmitted herewith is a **response** in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A Petition for an Extension of Time for one month is enclosed.
- ☒ No additional claim fee is required.
- ☐ The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREV. PAID FOR	PRESENT EXTRA
TOTAL	* 9	MINUS	** 20	0
INDEP.	* 3	MINUS	*** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIMS				
EXTENSION OF TIME FEE				
TOTAL ADDITIONAL FEE				

SMALL ENTITY	
RATE	ADDITIONAL FEE
x 9	\$ 0
x 42	\$ 0
+ 140	\$ 0
	\$ 0
	\$ 0

OR

OTHER THAN A SMALL ENTITY	
RATE	ADDITIONAL FEE
x 18	\$
x 84	\$
+ 280	\$
	\$
	\$

OR

TOTAL

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50 in the amount of \$\_. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_ is attached.
- ☐ The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50. A duplicate copy of this sheet is enclosed.
- ☐ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,  
**Ted Eugene Wright**  
OLYMPIC PATENT WORKS ~~LLC~~  
Robert W. Bergstrom  
Registration No. 39,906RECEIVED  
DEC - 6 2002  
TECHNOLOGY CENTER R3700